P10/58/06 (08-01)

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	Monpo	800 Substitu	te for Form PTO	-875			T >4	1040	
	CI	AIMS AS FILED – PART I (Column 1) (Column 2)		ımın 2)	SMALL E	YTITY	OR 1	OTHER SMALL I	
	FOR	NUMBER FILED	NUMBE	R EXTRA	RATE	FEE		RATE	FEE
	IC FEE CFR 1.16(a))				,	:395	OR		<u> </u>
	AL CLAIMS CFR 1.16(c))	minus 20	= •		x : 25 =		OR	x:50=	<u> </u>
	PENDENT CLAIMS CFR 1.16(b))	minus 3	- ·		x • [00]=		OR.	x∂0Q=	
<u> </u>	TIPLE DEPENDENT CL	AIM PRESENT (3	7 CFR 1.16(d))		+:180		OR	.3 <u>6</u> 0	
 		n 1 is less than zero, er	ter "0" in column 2		TOTAL		OR OR	TOTAL	
					•				
\/	30102 CLAIN	IS AS AMENDED	- PARTII				OR	OTHER	
`	(C	olumn 1)	(Column 2)	(Column 3)	SMALL E	NTITY	1	SMALL	ENTITY
\ \	R	CLAIMS EMAINING AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		ENDMENT Minus	PAID FOR	=	26	FEE	1	x 5 0=	FEE
ENDMENT	(37 CFR 1.16(c))	Minus	<u> </u>		x : 25=		OR	Año	
AMER	(37 CFR 1.16(b))				x =(00=)	\	OR	3(-O	
▼	FIRST PRESENTATION	OF MULTIPLE DEPEND	ENT CLAIM (37 CFI	R 1.16(d))	+180 =	$\overline{}$	OR	TOTAL	_
		• - ₁ , .			ADD'L FEE		OR:	ADD'L FEE	
	(0	olumn 1)	(Column 2)	(Column 3)			1 :	·	
ENT B	RE	CLAIMS EMAINING AFTER IENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL- FEE
ME ME	To(al *	Minus	**	=	x \$05 =		OR	x.50=	<u></u>
ENDM	Independent (37 CFR 1.16(b))	Minus	644	=	x :100=		OR	× 000=	
AMI	FIRST PRESENTATION	N OF MULTIPLE DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+:180=		OR	+360=	
 	1				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	10	Column 1)	(Column 2)	(Column 3)			_		
0 5	R	Column 1) CLAIMS EMAINING AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	Minus	PAID FOR	=	, 85 =		OR	x50=	
OZ OZ	(37 CFR 1.16(c)) Independent *	Minus		=	× 100 =		OR	, 20CE	
AME	(37 CFR 1.16(b))			D 4 16(d))	RV		OR	+360=	
. 4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +						7	TOTAL ADD'L FEE	
	If the entry in colum	n 1 is less than the ent	ry in column 2, wri	te *0* in column	ADD'L FEE 3.		OR	ADDEFEE	
	** If the "Highest Num	ber Previously Paid For ber Previously Paid For	IN THIS SPACE	is less than 20,	enter 20 .				

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